

**In The Matter Of:**



*Klug v.*

*Marshall University Board of Governors, et al.*

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*Rebecca Sue Wolfer, M.D.*

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*Mountain State Reporting LLC*

*2505 Lakeview Drive*

*St. Albans, WV 25177*

*304-727-8590*

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1 Q I figured you had, but I thought I would  
2 check. So I'm going to assume you're familiar with the  
3 process here and I don't need to explain it to you, but of  
4 course if you don't understand my questions or you need me  
5 to rephrase them, just let me know. And if you need a break  
6 at any time, let me know. I don't think we're going to be  
7 here that long, but if you need a break, just tell us. Okay?

8 A I will.

9 Q Thank you. Can you tell us about your  
10 educational background, just kind of summarize it for me?

11 A I grew up in Illinois. I went to undergrad  
12 at the University of Illinois, then I did medical school at  
13 Washington University in St. Louis. I did two years of  
14 residency there and then went to the University of Maryland  
15 where I finished up my general surgery residency, and then  
16 did my cardiothoracic fellowship at the Medical College of  
17 Wisconsin.

18 Q What is your area of concentration now?

19 A Currently I'm at the VA. I do thoracic  
20 surgery, I do general surgery, I do surgical critical care,  
21 and I do wound surgery.

22 Q You're at the VA here in Huntington?

23 A Yes, I am.

24 Q And kind of the same thing. Could you take

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1 called with Marshall?

2 A I started off as associate professor, was  
3 then promoted to tenured, and then later full professor. And  
4 there I did – I came there to do thoracic surgery. After I  
5 started, I was told that I needed to help cover trauma because  
6 I trained at University of Maryland, which is the trauma  
7 center of the universe is what they call themselves. And then  
8 soon I was then put in charge of surgical critical care and  
9 helped open the surgical clinical care unit at Cabell and was  
10 director of surgical critical care, and then later I was told  
11 that I needed to cover general surgery call as well because  
12 they needed help.

13 Q Were you director of surgical critical care  
14 at Cabell?

15 A Yes.

16 Q And when you say you were a tenured full  
17 professor, did you teach classes like a professor, or is that  
18 a title you had because of your work with the medical students  
19 and residents?

20 A It's both. When you're a surgeon or a  
21 doctor, you teach lectures to students, but you also round  
22 – most of your work consists of teaching them while you're  
23 on rounds or in the operating room or in the clinic. But I  
24 did give lectures to students and residents.

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1 us through your work history?

2 A When I finished my fellowship in Milwaukee,  
3 I went down to Brownsville, Texas, and spent about six months  
4 there. I decided that Brownsville, Texas, was not a place  
5 that I wanted to be. I then went to Quincy, Illinois, and  
6 was in private practice from '99, January of '99 until August  
7 of 2001, and then came to Marshall University. When I came  
8 to Marshall in 2001 I was full-time Marshall, part-time VA,  
9 and then in September or October of last year I left Marshall  
10 and went full-time VA.

11 Q Are you still affiliated with Marshall in any  
12 aspect?

13 A I work with residents and I work with medical  
14 students. As far as I know, I am no longer considered on  
15 faculty. I know I am not paid by them anymore.

16 Q Okay. That was my next question.

17 A Although I was told I was going to be, that  
18 never happened.

19 Q Okay. But you do still mentor residents or  
20 at least work with residents?

21 A I work and mentor residents and work and  
22 mentor with medical students.

23 Q And talking about the time when you were at  
24 Marshall, can you just tell me exactly what your position was

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1 Q Okay. How closely did you work with the  
2 surgical residents when you were at Marshall?

3 A Very closely. I worked with them on a daily  
4 basis.

5 Q Were you on any committees that were related  
6 to the residents?

7 A For a while I was on I think it's called the  
8 C3. I don't remember what that stands for, but it was to  
9 evaluate the residents. And then all of a sudden one day I  
10 was told my help wasn't needed anymore.

11 Q Were you on a committee, like a selection  
12 committee, to pick residents for the program?

13 A I was for a while. I was on the committee  
14 to do interviews and then help vote for who we felt would be  
15 the best incoming residents. And then again I was told about  
16 the same time as the other committee that my assistance was  
17 no longer needed. They wanted to spread it around, get other  
18 opinions, is the reasoning I was told.

19 Q Okay. The C3 committee, did it evaluate  
20 residents, like moving up from year to year within the  
21 program?

22 A Yes.

23 Q Do you know how many people are on that  
24 committee?

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1 A Currently, no.  
 2 Q When you were on it?  
 3 A I'm trying to remember. A lot of people just  
 4 didn't bother to show up. I mean I always went to – unless  
 5 I was in the operating room or on vacation, I went to every  
 6 meeting. And there were maybe four or five. I can't  
 7 remember off the top of my head.  
 8 Q Who would come to the meetings?  
 9 A Who were supposed to come to the meetings.  
 10 Q Okay. How often did you meet?  
 11 A I think it was every few months, but I can't  
 12 remember off the top my head.  
 13 Q Okay.  
 14 A It's been a few years.  
 15 Q How long did you serve on that committee?  
 16 A I think for three or four, maybe five years.  
 17 I can't remember exactly. At least four years.  
 18 Q When you would evaluate residents in that  
 19 committee, what kind of documents would you look at?  
 20 A When it first started out, it would be a lot  
 21 of word of mouth, or if anybody had turned in an evaluation  
 22 of the residents. As time progressed, it became more  
 23 organized and there were more forms, like organized forms that  
 24 were sent out, specific forms, to attendings and to – they

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1 did I think it was called a 360 review where the nurses would  
 2 evaluate the residents, how they were to work with, and we  
 3 would have that information. Of if there were any issues and  
 4 somebody had sent in a letter or a note or a complaint about  
 5 a resident, we would have that.  
 6 Q Did you look at their test scores?  
 7 A Yes.  
 8 Q Anything else you can remember that you would  
 9 have looked at?  
 10 A Not off the top of my head, no.  
 11 Q Were all the people on the committee folks  
 12 that worked with the residents, who were familiar with them?  
 13 A Yes. From what I remember, yes.  
 14 Q Okay. That's fine. Who removed you from  
 15 the committee?  
 16 A You know what, I don't know. I don't know  
 17 if it was Dr. Denning or Dr. Mozaffari or both of them, but  
 18 I was just told that my assistance was no longer needed.  
 19 Q Who told you?  
 20 A Donna Webb, who was – I'm not sure what her  
 21 exact – she was the assistant to the program director, and  
 22 she just said, no, we don't need you anymore.  
 23 Q Okay.  
 24 A It was a surprise.

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1 Q Do you have an opinion as to why you were  
 2 taken off that committee?  
 3 A Not that I can prove.  
 4 Q What do you think it was?  
 5 A I think it was because I was very vocal about  
 6 the way things were done and the way people were treated.  
 7 Q And are you referring specifically to Dr.  
 8 Klug?  
 9 A And others.  
 10 Q Did you complain to anybody about how things  
 11 were done?  
 12 A I tried to and I learned that it was better  
 13 just to not say anything, because I kind of got the eyes rolled  
 14 at me and told that I just needed to follow the party line.  
 15 Q Let's just kind of come back to that.  
 16 A Okay.  
 17 Q We'll come back to it. I want to ask you some  
 18 more general questions first, if you don't mind.  
 19 A Sure.  
 20 Q Are you familiar with Marshall's policies  
 21 and practices that apply to surgical residents?  
 22 A Not all of them. In my thoughts, not all of  
 23 them were clearly written down when I was on the committee.  
 24 It was kind of this is the way we do things. I think after

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1 I was not asked back on the committee that things changed and  
 2 there are more things that are written down, but those things  
 3 aren't necessarily widely known to everyone.  
 4 Q Did somebody chair that committee or was a  
 5 leader of the committee?  
 6 A I think it's the program director, but I'm  
 7 not entirely sure.  
 8 Q Okay. And when you were there, who was the  
 9 program director?  
 10 A It changed. First it was Denning, and then  
 11 it was Dr. Douglas, and then after him I think it was Dr.  
 12 Mozaffari. After Wade Douglas left, they spent forever  
 13 trying to get someone. And I actually volunteered. I said,  
 14 "I will help, if you would like me to," and I was told that  
 15 my assistance wasn't needed.  
 16 Q Okay. Who told you that?  
 17 A Dr. Denning.  
 18 Q Did Marshall give you any training on any  
 19 policies that were related to discrimination?  
 20 A We were handed a "handbook" of residents,  
 21 which was basically what the residents' rotations were, and  
 22 the only – we did – I think it was every other year we had  
 23 to do, it was a sexual harassment video that we had to watch.  
 24 Q Are you familiar with the ACGME program

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1 requirements that apply to Marshall?  
 2 A No.  
 3 Q Did you have any training that was related  
 4 to Title IX?  
 5 A Only like three slides on the video. It was  
 6 nothing that was – it was just very cursory and glossed over.  
 7 Q The same video you were talking about?  
 8 A Yes.  
 9 Q Okay. Do you know if you had any duties  
 10 under Title IX as a faculty member?  
 11 A I had to make sure that I didn't witness  
 12 anything that I thought was inappropriate. And if I did, I  
 13 was to report it to the people above me, which I actually did  
 14 on one occasion.  
 15 Q And who would be the people above you?  
 16 A My chairman.  
 17 Q Who was?  
 18 A Dr. Denning.  
 19 Q What did you report to Dr. Denning?  
 20 A I was making rounds at St. Mary's one weekend  
 21 and met the residents in their call room, and I noted that  
 22 they had porn as their screensaver. I said, "This is a little  
 23 bit inappropriate, guys," and everybody ignored it. And then  
 24 I went to Dr. Denning and I said, "You do realize what they

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1 have on their screensaver in the call room?" and I said, "I  
 2 think it's a little bit inappropriate." And it was kind of  
 3 just pooh-poohed. I don't know if anything happened with it  
 4 or not.  
 5 Q Do you remember when that was?  
 6 A Not exactly. It was several years ago.  
 7 Q Do you recall if it was when Becky was there?  
 8 A I think it was, yes. I remember who the  
 9 senior/chief resident was.  
 10 Q Okay. Who was that?  
 11 A Dr. Yung.  
 12 Q Marco Yung?  
 13 A Yes.  
 14 Q Okay.  
 15 A I just decided this is not something that  
 16 needs to be in a workplace.  
 17 Q Did you say that to Dr. Yung?  
 18 A Yes.  
 19 Q And how did he react?  
 20 A He just ignored me.  
 21 Q Did you work with Dr. Klug?  
 22 A Yes.  
 23 Q Would you say you spent a significant amount  
 24 of time with her?

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1 A Yes, as a student and as an intern and as a  
 2 resident.  
 3 Q You knew her when she was a medical student?  
 4 A Yes, I did.  
 5 Q How did you know her when she was a medical  
 6 student?  
 7 A She rotated on my service, and I was quite  
 8 happy when she stayed with us.  
 9 Q Did you encourage her to do a residency  
 10 there?  
 11 A I encouraged her to go into surgery. She  
 12 initially applied for neurosurgery and did not get in.  
 13 Neurosurgery is extremely difficult to get into.  
 14 Q I've heard that.  
 15 A And so she did a year, a prelim year with  
 16 general surgery with us at Marshall. And I know she was  
 17 debating for a long time to reapply for neurosurgery or to  
 18 do something else, and we spoke and it and I said, "I think  
 19 you would be a good surgeon. I think you should do surgery,  
 20 and I would like to work with you."  
 21 Q What was your impression of her as a  
 22 resident?  
 23 A I think she was an excellent resident. I  
 24 would have her take care of me or my family anytime. I trusted

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1 her to take care of my patients, and everybody knows I don't  
 2 trust many people to take care of my patients.  
 3 Q I want to kind of break it down a little bit.  
 4 During her I'm going to call it intern year, but I frequently  
 5 get things wrong, so if I use the wrong terminology, I'm sorry.  
 6 A Okay.  
 7 Q But during her intern year, how did she do?  
 8 A I thought she did great for her level. I  
 9 mean she was hard working, she would always think things  
 10 through, and she may not have known the answer to something,  
 11 but she would try and find it, and she would come to you and  
 12 say this is what I think is going on and this is what I think  
 13 we should do, what do you think.  
 14 She did not have any problem with speaking  
 15 her mind if she thought somebody was approaching something  
 16 wrong; if she thought, well, I don't think the high potassium  
 17 is from X, I think it's from Y.  
 18 Q Did she get like some kind of intern of the  
 19 year award or something like that, or highest rated intern  
 20 or something of that nature?  
 21 A Now that you mention it, I think she did.  
 22 Q Were you part of the committee who evaluated  
 23 whether she should be moved up to the next level at the end  
 24 of that year?

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1 A Yes. I was on the committee at that point.  
2 Q Did you have any reservations moving her to  
3 the second year?  
4 A No.  
5 Q And during the second year, just to get it  
6 straight now, she did her second year twice, but I'm going  
7 to talk about the first second year, okay?  
8 A Okay.  
9 Q So during the first second year, how did she  
10 do?  
11 A She did fine. I thought she was progressing  
12 nicely. She was making good decisions. She was taking good  
13 care of patients, spending a lot of time in the hospital, more  
14 time than most residents, and she really, really cared a lot  
15 about her patients and was always there worrying about was  
16 something going to go wrong, was she missing something.  
17 Q When you say she spent more time there, is  
18 that because she wanted to, or because she was scheduled to,  
19 or both?  
20 A Probably both.  
21 Q Okay. Who makes the schedule?  
22 A I think the senior residents make the  
23 residents' schedule. The attending schedule is made by Dr.  
24 Denning.

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1 Q Okay. During that second year, the first  
2 second year, do you recall her at any time complaining to you  
3 about being treated differently and less favorably than male  
4 residents?  
5 A I have to think a minute. We kind of all were  
6 treated worse than the males.  
7 Q You mean all the women?  
8 A Yes. And it was just kind of something you  
9 complained to each other about it and you just kind of said  
10 it doesn't do any good to complain because it just makes things  
11 worse and it just gets you named a nasty name.  
12 Q Okay. Tell me a little bit more about that.  
13 How were the women treated worse than the men?  
14 MR. SALYERS: Object to the form.  
15 MS. WHITEAKER: You can answer.  
16 THE WITNESS: We usually got more call than  
17 the guys. We usually had to take almost all the holiday call.  
18 I was personally told it was because I didn't have any family,  
19 so it didn't matter if I had to work on Christmas and  
20 Thanksgiving.  
21 One case was Marshall for a while had hired  
22 other thoracic surgeons other than me. I was the first  
23 thoracic surgeon to come to do just thoracic surgery. And  
24 then I was told that I needed to do other things because I

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1 wasn't busy enough and I wasn't working hard enough and that  
2 I needed to take trauma call and I needed to cover the ICU  
3 and I needed to take general surgery call because there wasn't  
4 enough thoracic work.  
5 Well, then they brought in a succession of  
6 three or four other thoracic surgeons, and none of them had  
7 to take any other call at all. They took no call. They  
8 didn't have to cover the ICU, they didn't have to cover general  
9 surgery, they didn't have to cover trauma.  
10 BY MS. WHITEAKER:  
11 Q And those are male doctors?  
12 A Those are male doctors. But I had to. And  
13 when I asked about it, it was basically ignored, and I was  
14 told I just needed to do it because I needed to work harder,  
15 I wasn't working hard enough, I wasn't bringing in enough.  
16 And I was some months taking 12 call days a month more than  
17 my – more general surgery call than persons that were hired  
18 to do general surgery.  
19 Q Did you ever see any comparison of the money  
20 you were bringing in compared to the male physicians?  
21 A No. I asked for it, and I was told it was  
22 too complicated to show.  
23 Q Okay. But your impression of it would be  
24 since you worked more, you would assume you brought in more?

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1 Is that right?  
2 A I -  
3 Q Don't know?  
4 A I don't know. I know I was paid less.  
5 Q And how do you know that?  
6 A Talking to people.  
7 Q Did you complain about that?  
8 A It didn't do any good.  
9 Q Did you try?  
10 A Yes.  
11 Q To Dr. Denning?  
12 A Yes.  
13 Q Anybody else?  
14 A The practice administrator, and I was told  
15 that all the pay decisions were up to Dr. Denning.  
16 Q Who is the practice administrator?  
17 A It changed multiple times when I was there,  
18 and I finally just said the squeaky wheel does not get the  
19 grease and you just get labeled the troublemaker, which I was  
20 told I was several times, so I just finally just shook my head  
21 and kept my mouth shut, or tried to.  
22 Q Okay. And just to kind of go back to the  
23 original question, I asked you if Dr. Klug ever complained  
24 that she was treated less favorably than male residents, and



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1 I think what you said was all the women complained about that  
2 in the program basically?  
3 A Yes.  
4 Q So I just want to make sure the record is  
5 clear. Is that a yes that she did complain?  
6 A Yes.  
7 Q Okay.  
8 A And when the female residents would talk to  
9 me about it, I would say I know it happens. There is a glass  
10 ceiling in surgery. There always has been. It is probably  
11 not going to change anytime soon, and sometimes you just have  
12 to suck it up and ignore it and just try to get through it  
13 and see what your goal is in the end and get to it.  
14 Q Is that a problem that you – like when you  
15 say there's a glass ceiling in surgery, do you mean at Marshall  
16 or have you seen that everywhere?  
17 A Everywhere. There was just an article in  
18 the New York Times about it.  
19 Q Did you witness Dr. Klug being treated less  
20 favorably than the male surgical residents in any of the terms  
21 of the program?  
22 MR. SALYERS: Object to form.  
23 BY MS. WHITEAKER:  
24 Q Anything specific that you can tell me about?

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1 A Yes.  
2 Q Okay.  
3 A Two occasions come to mind right now. One  
4 time a bunch of us were standing around the OR desk, cases  
5 were getting ready to start, and a particular male attending  
6 was getting ready to do a case and Becky was assigned to it,  
7 and she was told by the attending, "No, this case is for the  
8 big boys. We don't need you."  
9 Another occasion was after her husband  
10 passed away and she came back to work after a very short period  
11 of time. A trauma patient - and I believe I was actually in  
12 the ER. I was in the ER for this. A trauma patient came in  
13 with a self-inflicted gunshot wound to the head, and Becky  
14 was on and couldn't go in the room. And she was told she  
15 needed to suck it up and take care of the patient, which I  
16 don't think anybody would have said to a male resident.  
17 Q Who is the one who said, "This case is for  
18 the big boys"?  
19 A Dr. Adkins.  
20 Q Okay. Dr. Adkins is a male, correct?  
21 A Yes.  
22 Q Okay. And who told her to suck it up?  
23 A Dr. Mozaffari.  
24 Q And she did suck it up and work on that

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1 patient, didn't she?  
2 A Yes.  
3 Q Did she do a good job?  
4 A Yes. I tried to tell her that I would take  
5 care of it.  
6 Q Okay. Can you remember any other specific  
7 things right now?  
8 A Not off the top of my head right now.  
9 Q Okay.  
10 A Oh, there is one other thing.  
11 Q Okay.  
12 A I remember several years ago there was a  
13 complaint made to the ACGME about work hours, and somebody  
14 started spreading rumors that it was Becky that made that  
15 complaint, she called the ACGME and complained about work  
16 hours.  
17 Q Okay.  
18 A And I don't think – I mean I don't know who  
19 did it, it doesn't matter to me, but I don't think anybody  
20 should have been calling out names as to who they thought did  
21 it.  
22 Q Who said that Becky is the one who called?  
23 A I heard it from several different people, and  
24 I don't remember who was the first one.

Page 24

1 Q Okay. I mean how does that relate back to  
2 her being treated differently?  
3 A It was making her a scapegoat as to the reason  
4 why we were being investigated as a program that had issues.  
5 Q Okay. Were residents made to work more than  
6 the hours they were supposed to work, according to the ACGME  
7 guidelines?  
8 A Not to my knowledge. I mean some of them  
9 stayed over. To my knowledge, they were never forced to stay.  
10 I tried to tell them go home, you know, have you been here,  
11 go home.  
12 And I was always, when I was rounding in the  
13 unit, and I was always trying to fit it in between OR and  
14 clinic, and if we were rounding anywhere close to lunchtime,  
15 I'd say "Guys, go down and get lunch, bring it up here. We  
16 have a workroom. We will sit in there and eat lunch while  
17 we talk about the patients."  
18 I always tried to make sure that they got a  
19 break, even if it was we're eating lunch while we're talking  
20 about patients, but at least they got to sit down and get  
21 something to each, which is better than when I was a resident  
22 and we sometimes didn't eat for 18 hours.  
23 Q That can't be good for patients, can it?  
24 A You know, I tell people it's like training

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1 for a marathon or a triathlon. You just have to train your  
 2 body to do it.  
 3 Q Do you recall Dr. Klug complaining  
 4 specifically about Dr. Yung?  
 5 A Yes.  
 6 Q What was the nature of her complaints?  
 7 A Just that he would pick on her and would be  
 8 unfair to her. The porn on the computer, I remember her  
 9 telling me about that and complaining about that. And that  
 10 he would make out the call schedule and it wasn't really fair.  
 11 And I think there were times that he would tell her that she  
 12 would need to stay late and get stuff done.  
 13 Q Did she complain that he would give male  
 14 residents more cases than her?  
 15 A Yes.  
 16 Q I hate to ask you this, to go back to it again,  
 17 but the porn on the computer that you saw, could you tell me  
 18 - I'm sorry - can you tell me exactly what you saw?  
 19 A It was naked females in positions that - you  
 20 know, sexual positions.  
 21 Q Okay. But it was explicit?  
 22 A Yes, it was very explicit.  
 23 Q Like you saw naked bodies?  
 24 A Yes.

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1 Q Breasts?  
 2 A Yes.  
 3 Q Genitals?  
 4 A Yes.  
 5 Q Okay.  
 6 A And I was like "I don't care what you guys  
 7 do at home. I don't want to hear about it. But this is  
 8 inappropriate for a workplace." With all the firewalls on,  
 9 I have no idea how they got it on there.  
 10 Q Did you give Becky any advice about dealing  
 11 with Dr. Yung's conduct?  
 12 A I would tell all of the girls,  
 13 "Unfortunately, complaining about it doesn't really help."  
 14 And that was my experience from when I was a resident. I said,  
 15 "The best revenge is just live well and just suck it up. You  
 16 can hold your breath for that long, you know, for five years  
 17 and just remember how you felt, and don't do it to somebody  
 18 else."  
 19 I know that she had talked with Moz about it  
 20 and with Denning about it, and nothing changed. And,  
 21 unfortunately, in my experience, complaining about bullies  
 22 sometimes makes the bully worse. So I learned just to find  
 23 somebody you can complain to or vent to, vent to them, and  
 24 then just - you know, you can't change people. I said, "I

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1 know it's unfair. It's truly unfair. I see that. But  
 2 sometimes all the bullies want is to see your break, and then  
 3 they win." You can tell I was bullied as a kid.  
 4 Q Did you hear discriminatory or denigrating  
 5 comments about women -  
 6 MR. SALYERS: Objection.  
 7 BY MS. WHITEAKER:  
 8 Q - somewhere? I mean within the program?  
 9 A Yes.  
 10 Q Okay. So you know what I mean?  
 11 A Yes.  
 12 Q I realize it kind of is spread out because  
 13 there was -  
 14 A Yes, because I was there for 18 years. So  
 15 I mean it was "This case is for the big boys," you know. "The  
 16 boys need to do this one. The women can't do this or do that."  
 17 Q Anything that you can narrow down to when  
 18 Becky was there and anything directed toward her or other  
 19 females in the residency program? I know it's hard to  
 20 remember specifics.  
 21 A It's hard to remember it all. A lot of it  
 22 was just general things like I've mentioned. The fact that  
 23 I was paid less than my colleagues who were non-board  
 24 certified and had just finished training, yet I was double

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1 boarded with about 20 years of experience.  
 2 Q Besides Dr. Klug, were there other female  
 3 surgical residents who vented to you about the way they were  
 4 treated?  
 5 A Yes.  
 6 Q Can you think of anyone specific?  
 7 A Stacy. A couple that left, and I'm blanking  
 8 on the name. Laura Fagan. I'm trying to think of who else  
 9 we had as females in the program. Mashonna. She tried to  
 10 get along though, so hers was not as bad because she just kind  
 11 of - she put up with it better. But Stacy Jones definitely  
 12 got treated much worse.  
 13 Q In what way?  
 14 A She got harassed and told she wasn't working  
 15 hard enough and things like this is for the boys, not for the  
 16 girls. One resident once made a real snide comment to her,  
 17 and I thought she was about ready to toss him out a window,  
 18 so I had to drag her into a back room and say, "Just take a  
 19 deep breath and calm down."  
 20 Q Do you remember what he said?  
 21 A Something about girls not working hard  
 22 enough and not being able to do the job. And I'm blanking  
 23 right now on the name of the resident that did it, but I can  
 24 tell you it was a shorter guy, brown hair, and is now doing

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1 bariatric surgery. And I'm completely blanking on his name  
2 right now. I'm sorry.

3 Q That's okay. If you think of it, you can  
4 just tell me. Thinking about it another way, can you think  
5 of times where male surgical residents were treated very  
6 favorably, or given preferential treatment?

7 A They had no trouble getting time off for  
8 paternity leave. When Dr. Krantz's father-in-law was killed  
9 in a plane crash, he was allowed to take as much time off as  
10 he needed.

11 Q Was he a resident?

12 A Yes.

13 Q How much time did he take off for that?

14 A Two or three weeks, if I remember. I think  
15 it was. It was a while.

16 Q Okay.

17 A We've had residents that had issues with  
18 substance abuse and they were allowed to take six months off  
19 and then come back without any issues.

20 Q Which resident was allowed to do that?

21 A Dr. Moring.

22 Q Did he have to repeat a year or did he get  
23 to progress on?

24 A I think he repeated a year, but I'm not

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1 entirely sure. But he had missed six months, and you have  
2 to do a certain number of weeks.

3 Q You have to do a certain number of weeks for  
4 what?

5 A You have to do a certain number of weeks every  
6 year for it to qualify as a year. You can't take several weeks  
7 off.

8 Q Okay.

9 A We have an ortho female resident right now  
10 who had a baby, and she took four weeks off for maternity  
11 leave, and then she had to like cancel all of her vacation  
12 so that she could have that extra time off, or she wouldn't  
13 have her weeks in to finish.

14 Q Okay. At one point Dr. Klug went on some  
15 medical leave. Were you aware of that?

16 A I think I briefly remember that.

17 Q And it was not that long after her husband  
18 passed away?

19 A Yes.

20 Q During that time, do you recall Dr. Mozaffari  
21 saying anything about her being on leave?

22 A No, at least not to me. I don't know what  
23 was said to – he didn't speak to me very much.

24 Q Okay. At that point you were still on the

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1 C3 committee, I think, right, when Rebecca was on her first  
2 second year?

3 A Her first second year, yes, but I think after  
4 that was when I was told I was no longer needed. I think  
5 that's about the time that it happened.

6 Q There was a – well, I'll just ask it like  
7 this. Do you know anything about why she ended up repeating  
8 the second year?

9 A I think the official reason was they wanted  
10 her to improve her board scores.

11 Q And by board scores, what are you talking  
12 about?

13 A Or, excuse me, her ABSITE scores. That's  
14 what I mean to say was her ABSITE scores.

15 Q Okay. What is ABSITE?

16 A It's a yearly test given to surgical  
17 residents to assess their knowledge, and it is not supposed  
18 to be used for promotion. It is not to be used for really  
19 anything. Some programs do use it for promotion. It is  
20 supposed to give an indication of their ability to pass the  
21 surgical boards when they are finished with training.

22 Q Okay. And Dr. Klug's scores were low on that  
23 ABSITE?

24 A Yes, but she was not the only one. Our

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1 scores were chronically low on several residents, including  
2 scores that were lower than hers.

3 Q Okay. Were there male residents who scored  
4 lower than she on the ABSITE?

5 A Yes. We actually had a couple that had  
6 scores of zero.

7 Q Can you remember anyone specific that had  
8 scores of zero?

9 A I don't remember their names off the top of  
10 my head.

11 Q Do you remember about when it was?

12 A It was both before her and during her, and  
13 then after that I don't know because I was no longer on the  
14 committee.

15 Q But as a member of the committee, you would  
16 have seen those scores?

17 A Yes.

18 Q And the residents who got zeroes or very low  
19 scores, were they forced out of the program or made to repeat  
20 years?

21 A No.

22 Q Was it addressed in any way?

23 A They were told they needed to work harder and  
24 do better on the exam.



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1 A No, at least not to me.  
2 Q Do you know what, if anything, was done by  
3 the program to help her to be successful in her second second  
4 year?  
5 A Other than assigning her a mentor and telling  
6 her she should go to get counseling, I don't know of anything.  
7 Q And who was her mentor, do you know?  
8 A I believe it was Dr. Arrington, Amanda  
9 Arrington, who has also left the program. I think she's in  
10 New Mexico or Arizona right now. I can't remember which.  
11 Q Did Dr. Arrington ever tell you that she felt  
12 like she was discriminated against by Marshall?  
13 MR. SALYERS: Objection.  
14 THE WITNESS: She kind of talked about being  
15 hired as a surgical oncologist and then not being given any  
16 surgical oncology patients, that they were all going to the  
17 male general surgeons.  
18 BY MS. WHITEAKER:  
19 Q Is that why she left?  
20 A She didn't tell me exactly why she left, but  
21 that may have been - I can't guess on her. I assume that was  
22 part of it, but that may have been -  
23 Q I don't need you to guess. I'm just --  
24 A I don't know why she left.

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1 Q Okay. So the second second year, how did  
2 Rebecca do?  
3 A I thought she did fine. She took good care  
4 of patients. She was very - had very well thought out  
5 treatment plans. She cared a lot about her patients. She  
6 would scrub with me in the OR on several occasions and I  
7 thought she was very good in the operating room. I enjoyed  
8 working with her.  
9 Q Were there male surgical residents that  
10 performed worse than she did while she was there at that time?  
11 A In my opinion, yes. We've had far worse  
12 residents finish the program.  
13 Q Were you on the C3 committee when she was  
14 terminated from the program?  
15 A No. But somewhere between her first second  
16 year and her second second year was when I was told I wasn't  
17 needed anymore.  
18 Q Okay. And I think what you told me earlier,  
19 you mentioned that you think it was because you spoke out on  
20 some things?  
21 A Yes.  
22 Q And you think that's why you were removed?  
23 A Yes.  
24 Q I think I told you we would come back to that.

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1 So now's the time. Can you tell me more about that?  
2 A When we were evaluating her, I would say, "I  
3 think she's doing fine. I think you just need to give her  
4 some time and she'll be fine." And I made the statement "We  
5 have finished far worse residents." And I said, "She may not  
6 be able to do well on a written test, but she can take good  
7 care of patients and she can operate well."  
8 Q Who did you say that to?  
9 A The committee in the room.  
10 Q Okay. Do you remember any of the other  
11 members at that time?  
12 A No.  
13 Q That's okay.  
14 A I think Dr. Beaver may have been on the  
15 committee as a female, but other than that, it was me as the  
16 only female. There aren't many females in the program.  
17 Q Okay. And you said that the chair, I think  
18 you said, was either Dr. Denning or Dr. Mozaffari, of that  
19 committee?  
20 A I think that's who it is.  
21 Q It changed, you said?  
22 A I can't remember. I can't remember who it  
23 was.  
24 Q All right.

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1 A I assume it was one of them.  
2 Q Do you know why she was terminated from the  
3 program?  
4 A I was told the official reason was that her  
5 board scores weren't up to the number that she was told they  
6 needed to be.  
7 Q Okay.  
8 A But I know she raised her scores and was just  
9 a few points - if I remember right, she was just a few points  
10 lower than the number she was given.  
11 MS. WHITEAKER: I'm going to show you a  
12 document, and we'll make it an exhibit to your deposition.  
13 (WHEREUPON, Wolfer Deposition  
14 Exhibit No. 1, Undated Letter  
15 was marked for identification.)  
16 This is a letter that you wrote. I think you  
17 wrote it. You can tell me. I'll give you a minute to look  
18 at it because you may not have seen this in a while.  
19 A (Witness examines document.) I remember  
20 writing this.  
21 Q Okay. I don't see a date on here, but I  
22 believe, based on some of the things in here - you tell me  
23 if I'm wrong, but I think this is when she was terminated from  
24 the program and she appealed it?

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1 A Yes. I wrote this for her appeal and I went  
2 with her to her appeal and spoke on her behalf.  
3 Q Now, who was the appeal with?  
4 A It was with the – Dr. Wehner was there, Dr.  
5 Mozaffari was there, and there were a couple of other people.  
6 It was with the medical school or the GME office.  
7 Q Okay. And when you went there, what did you  
8 do, at the appeal?  
9 A I spoke on her behalf. And basically this  
10 is what I said, that she raised her scores despite everything  
11 she had been through and she needed to be commended for that  
12 and for showing up at work every day.  
13 Q And you said she's one of the best residents?  
14 A Yes.  
15 Q In your opinion?  
16 A Yes.  
17 Q You also said she had been through extreme  
18 hardship with the deaths of her husband and her father?  
19 A Yes.  
20 Q And then that she had suffered from bullying.  
21 What were you referring to with the bullying?  
22 A Just the way Marco was making snide comments  
23 about her, or the way Dr. Adkins would say only the big boys  
24 can scrub on his cases, things like that. She seemed to

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1 always be on call a lot, which I noticed because I was always  
2 on call a lot. So we always seemed to be on call together.  
3 Q And you also said that she was recently  
4 diagnosed with ADD and hadn't had any treatment for that, but  
5 had improved her scores?  
6 A Yes.  
7 Q Is that something that she had told you about  
8 the recent diagnosis at that time?  
9 A Yes.  
10 Q Okay.  
11 A And her scores had come up quite a bit. I  
12 mean I was very impressed with how much she had raised her  
13 scores. I don't remember the exact numbers, but it was only  
14 – if I remember, it was only like a couple of points lower  
15 than what they wanted. And I made that point at the meeting.  
16 I said, "Look, she did everything you asked. She went to  
17 every meet you asked. She did the counseling you wanted.  
18 Yes, her scores weren't" – I think they wanted like a 40 or  
19 something and she was like a 38 or 37. It was real close.  
20 I said, "She needs to be commended on what she's done."  
21 Q Did anyone say anything back to you at the  
22 appeal?  
23 A Not at the appeal, but afterwards I was  
24 called in to my chairman's office and told that they were very

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1 disappointed in me and I should have followed the party line.  
2 Q Is that Dr. Denning?  
3 A Yes.  
4 Q And what was the party line?  
5 A That Dr. Klug was no longer part of the  
6 program.  
7 Q Did they say why?  
8 A No. I just needed to follow the party line.  
9 I was not given a reason.  
10 Q Did you take that like a reprimand?  
11 A Yes. I very much took that as a reprimand  
12 and I would bet that's how it was meant.  
13 Q The decision was made, I suppose, right?  
14 A Yes.  
15 Q Did anyone else come to speak at the appeals  
16 hearing?  
17 A Stacy Jones.  
18 Q Okay. Do you know what she said?  
19 A She said about the same thing I did.  
20 Q Were you all in there at once, or did they  
21 call you one by one and you weren't in there?  
22 A You know, I don't remember.  
23 Q Okay.  
24 A But she and I, Stacy and I - I helped Stacy

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1 a lot, too, you know, as females we talk.  
2 Q You were aware of what she was going to say?  
3 A Yes.  
4 Q Or you heard it? You can't remember which?  
5 A I was aware of what she was going to say. She  
6 had the same feeling about it that I did. There's not many  
7 females in surgery, and a lot of us tend to stick together  
8 and talk. Guys go out and play golf together or go out barring  
9 together, or whatever, or watch football games together, and  
10 a lot of times we're not invited. So we hang out and talk.  
11 Q Besides Dr. Denning, what he said after the  
12 appeal hearing, did anyone else talk to you and explain to  
13 you why she was terminated from the program?  
14 A No. But I do know that after that I started  
15 feeling more ignored in the department and all of a sudden  
16 was no longer on any committees.  
17 Q Do you think you were retaliated against  
18 because you went and spoke at the hearing?  
19 MR. SALYERS: Objection.  
20 THE WITNESS: I can't prove it. I can't  
21 prove it.  
22 BY MS. WHITEAKER:  
23 Q But is that what you think happened?  
24 A Yes.